



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: PARKVIEW WABASH HOSPITAL

City of Hospital: Wabash

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Sonya Foraker

Email Address: sonya.foraker@parkview.com

Medicare Provider Number: 15-1310

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$9545441
Outpatient Patient Service Revenue	\$84800676
Total Gross Patient Service Revenue	\$94346117

2. Deductions From Revenue

Contractual Allowance	\$56149240
Other Deductions	\$1921450
Total Deductions	\$58070690

3. Total Operating Revenue

Net Patient Service Revenue	\$36275427
Other Operating Revenue	\$1039686
Total Operating Revenue	\$37315113

4. Operating Expenses

Salaries and Wages	\$9703221	Employee Benefits	\$3042368
Depreciation and Amortization	\$5031983	Interest Expense	\$310214
Bad Debt	\$3594891	Other Expenses	\$23054780
Total Operating Expenses	\$44737457		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-7422344	Total Assets	\$27063925
Net Non-operating Gains over Loss	\$-700	Total Liabilities	\$27063925

Total Net Gains	\$-7423044
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$49672453	\$31340775	\$18331678
Medicaid	\$16281071	\$13249506	\$3031565
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$28392593	\$13480409	\$14912184
Total	\$94346117	\$58070690	\$36275427

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$83893	\$-83893

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$7231	\$246929	\$-239698

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	15174
Number of Citizens Exposed to Health Education Messages	16814

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$849734	
HCI Payments	\$0		
Subtotal	\$0	\$849734	\$-849734
Medicaid Shortfalls	\$2646975	\$5003527	
Subtotal	\$2646975	\$5853261	\$-3206286
DSH Payments	\$0		
Subtotal	\$2646975	\$5853261	\$-3206286
Medicare Shortfalls	\$17136266	\$15268597	
Other Government Programs	\$0	\$0	
Total	\$19783241	\$21121858	\$-1338617

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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